

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7	1			
9				1		
10				1		
11				1		
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			10			
TOTAL CLAIMS			11			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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